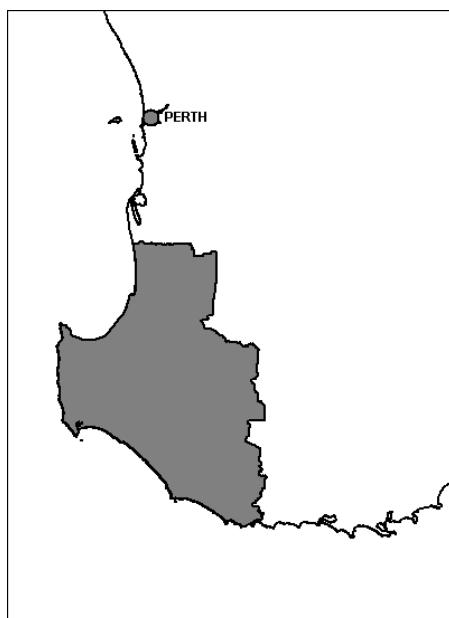


DEMOGRAPHY

Map 1: SWAHS region demography



The SWAHS covers an area of 23,978 square kilometres in the beautiful South West corner of Western Australia. SWAHS has the largest regional population in Western Australia with a population in 2003 of 135,450 (Australian Bureau of Statistics (ABS), 2004).

This represents 6.9% of the State's population and shows an average increase of 2,533 people per year since 1981.

The population density of the area is 5.6 people per sq km, which is greater than State average (0.8 per sq km; Country: 0.18 per sq km). The age-structure is similar to that of the State.

The indigenous population in 2002 was 2,894 who represent 2.1% of the SWAHS regional population.

There were 18,833 people born overseas in 2001. They represented 15.4% of the SWAHS region. In 2001, 3.9% of the regional population did not speak English at home.

Table 2: Communities and local authorities in the SWAHS

Local Authority	Population as at 2001	Projected Growth to 2006	Change (%)
Augusta–Margaret River	10,266	11,901	13.7
Boyup Brook	1,655	1,702	2.8
Bridgetown–Greenbushes	4,217	4,399	4.1
Bunbury	30,493	29,998	-1.7
Busselton	23,337	27,002	13.6
Capel	7,112	7,801	8.8
Collie	9,056	9,101	0.5
Dardanup	9,001	12,600	28.6
Donnybrook–Balingup	4,673	4,801	2.7
Harvey	18,611	20,698	10.1
Manjimup	10,246	10,800	5.1
Nannup	1,211	1,400	13.5

Data Sources

ABS 2001, *Population Estimates by Age, Sex and Statistical Local Area, WA, Cat. No. 3235.5*
 Ministry of Planning 2000, *Population Projections by Age, Sex and Local Government Area, WA*
 South West Development Commission (2001), *Population Growth Projections*.

Rugged coastline, world-class surfing and caves and wineries are some of the attractions for visitors. The major industries employing residents of the South West region are retail (15.0%), manufacturing (12.5%) and agriculture (including horticulture), forestry or fishing (10.6%). In total, there are 58,701 people in the labour force in this area, with 4,309 (7.3%) seeking work.

There are a high number of people, (63.6%) in labour and other manual occupations in the South West region compared to the State rate of 60.6%. A lower percentage of the population have a tertiary education qualification compared to the State (8.3% compared to 12.0%). The number of people in professional/managerial occupations was less than the State (34.4% compared to 38.1%).

There is significant variation in the occupational structures between all of the sites in the South West. Collie had the largest percentage of unemployed people (11.1%). Nannup had the largest proportion of people in professional or managerial occupations (38.3%). Small business and farming enterprises are included in this data classification for Nannup. There is increased growth and demands within the South West and the challenge will be to meet this demand with infrastructure and support services.

In 2002, the South West had a higher percentage of children aged 0-14 years of age and a greater proportion of people aged 65 years and over. The dependency ratio (i.e. the proportion of people aged less than 20 and more than 64 years of age) in the region was higher at 0.70 than the State dependency ratio of 0.65. This is higher than the State ratio of 0.65, indicating the workforce is supporting a higher ratio of young children and older people than the average for the State.

By 2010, the dependency ratio will have decreased to 0.65. Most of this change in the dependency ratio will be due to a decrease in the proportion of young children in the population. By 2011, the population of the South West area is anticipated to increase to 157,300; this is an increase of 16% from the estimated population in 2003.

In 2002 the life expectancy for males and females in this area was 80.6 years and 85.9 years. This compares favourably with the 1993 figures of 77.3 years and 83.2 years. (Note: These estimates are experimental.) While there is little variation between the rates of disease and death in the SWAHS catchment area compared to the State,

there are some differences. Some of this variation may be attributed to socio-economic factors.

The socio-demographics within the South West area can be quite diverse. Rural communities differ in size from regional centres to small towns. Similarly there is a diverse range of occupations but often with fewer opportunities for teenagers and young adults than for those who live in the metropolitan area. Many rural centres have a high Aboriginal population but may also have sizeable ethnic community.

Factors influencing health

People living in the South West area experience similar health problems to those seen across the State with circulatory diseases, cancer, respiratory diseases, digestive diseases and injury and poisoning being major causes of hospitalisation and death.

Local variations do occur. It is widely accepted that health risk factors such as smoking, cholesterol, diet and exercise impact on health. For males and females, no risk behaviours for smoking, consumption vegetables and fruit and exercise rates had a higher prevalence compared to people in other parts the State.

The State weighted prevalence for males and females respectively who live in the South West area were diabetes (4.7%, 4.5%), heart disease (6.1%, 5.1%), arthritis (16.6%, 19.3%), cancer (4.5%, 5.8%), asthma (6.6%, 9.9%), other respiratory diseases (0.8%, 1.6%), stroke (0.8%, 1.2%), osteoporosis (0.0%, 4.0%) and mental health problems (6.2%, 13.5%). For both males and females, the prevalence of none of the chronic conditions mentioned above was higher compared to the State.

Based on the *Health and Well Being Survey*, the proportion of residents who accessed different types of health care were primary care services (81.9%), mental health services (4.6%), allied health services (38.5%) and hospital services (30.0%). These figures are similar to those for the State as a whole.

In the South West area, the prevalence of feeling a medium to very high level of psychological distress in males and females was 5.0% and 9.1% respectively. The proportion having no sense of control over their lives most of the time was 3.5% and 1.6%. These findings are similar to those of the State.

Mortality

The major causes of death in SWAHS are Circulatory diseases, Cancer, Injury and Poisoning, Respiratory diseases and Nervous System diseases for the years between 1998 and 2002 (DOH, 2004). Compared to the State rate, the number of male deaths due to transport related accidents and prostate cancer were greater than expected.

Compared to the State rate, the number of female deaths due to transport related accidents and diseases of arteries, arterioles & capillaries were greater than expected.

Morbidity

A total of 178,750 hospitalisations were registered in SWAHS 1998 –2002 inclusive. The five major reasons for hospitalisation from 1998 – 2002 were digestive diseases (14% of hospitalisations), musculoskeletal diseases (8% of hospitalisations), injury and poisoning (7.5% of hospitalisations), Complications due to pregnancy (7% of hospitalisations) and cancer (6.8% of hospitalisations).

Compared to the State rate, the number of male hospitalisations due to blood diseases, nervous system diseases, respiratory diseases, digestive diseases, musculoskeletal diseases, ill-defined conditions and injury and poisoning conditions were greater than expected. Of these related to injury the specific conditions were due to transport accidents, accidents caused by fire, accidents due to natural/environmental factors and other accidents.

Compared to the State rate, the number of female hospitalisations due to nervous system diseases, circulatory diseases, respiratory diseases, digestive diseases, genitourinary diseases, complication due to pregnancy, musculoskeletal diseases and ill-defined conditions were greater than expected. Some female hospitalisations due to specific injury conditions were also greater than expected compared to the State. These were due to transport accidents, accidents caused by fire, accidents due to natural/environmental factors and other accidents.

References

- Codde, J (2003/2004) *Profile Of Health and Wellbeing*, Epidemiology Branch, Health Information Centre, DOH.
- Codde, J (2003/2004) *Mortality in South West Public Health Region*, Epidemiology Branch, Health Information Centre, DOH.
- Codde, J (2003/2004) *Hospitalisations in South West Public Health Region*, Epidemiology Branch, Health Information Centre, DOH.

<http://intranet.health.wa.gov.au/corpdocs/hic/Epidemiology/>

http://intranet.health.wa.gov.au/hic/epidemiology/New_ElectronicReports/

<http://www.health.wa.gov.au/Publications/CWHS/index/html>

<http://www.swdc.gov.au>

SWAHS –Population Health (2004).
Epidemiological Profile Data, SWAHS

DISABILITY SERVICE PLAN OUTCOMES

Policy

The SWAHS is committed to ensuring all people with disabilities can access the facilities provided by and within the Health Service.

Programs and initiatives

The SWAHS has aimed to improve its disability services plan during 2003-04, according to objectives outlined in the *Disability Service Act 1993*. This goal has been achieved through programs and initiatives run on behalf of the following key outcome areas:

Outcome 1

Existing services are adapted to ensure they meet the needs of people with disabilities

- Disability service issues are considered when new policies are developed and endorsed.
- Representatives participate in the reference group for the facility.
- Redevelopment to ensure adequate provision for disabled clients.
- All public events are now conducted in accessible venues.
- Appropriate patient transport can be organised for patients with disabilities.

Outcome 2

Access to buildings and facilities is improved

- Appropriate changes to existing facilities are made as funds become available.
- Regular reviews undertaken to ensure access to buildings and facilities.
- Hand rails/railings have been added to facilities.
- Toilets and bathrooms upgraded to allow wheelchair access.
- Access ramps added to entrances.

Outcome 3

Information about services is provided in formats, which meet the communication requirements of people with disabilities

- Availability of published materials in alternative formats such as Braille, IBM compatible disk, large print or audio cassette.

Outcome 4

Advice and services are delivered by staff that are aware of and understand the needs of people with disabilities

- New staff are provided with disability awareness training as part of the SWAHS orientation program.
- Programs are implemented to train health workers how to meet the needs of people with disabilities in particular settings as the need arises.

Outcome 5

Opportunities are provided for people with disabilities to participate in public consultations, grievance mechanisms and decision making processes

- Community consultation programs are undertaken as part of planning processes.
- Complaint procedures have been redesigned to meet the needs of clients who are unable to make written complaints.
- Grievance mechanisms are in place that allow people with disabilities to participate without impediment.

CULTURAL DIVERSITY AND LANGUAGE SERVICES OUTCOMES

The SWAHS seeks to ensure that language is not a barrier in the delivery of health services to all its clients. In recognising cultural diversity and the needs of those whose first language is not English, the SWAHS has undertaken the following:

- Allocated funding in the budget for Language Services Policy requirements.
- Translated important information about our services into the languages relevant to our client base.
- Trained staff to know what to do when they are presented with a Western Australian Interpreter Card.
- Implemented procedures to record feedback from clients.
- Installed conference/dual handset telephones/TTYs in public contact areas and interview rooms.
- Trained staff to work with interpreters.
- Consulted with appropriate groups before producing multilingual information for clients.
- Trained staff throughout the SWAHS in cross-cultural communication.
- Procedures to monitor and evaluate the Language Services Policy have been implemented.
- Guidelines are provided to staff on when to use telephone or on-site Interpreting services.

Programs and initiatives

During 2003-04 a program aimed at cross-cultural communication was undertaken. Guidelines for use of interpreters were included in orientation packages and relevant staff received on going training.

A language and cultural skills audit was also undertaken of consenting staff.

YOUTH OUTCOMES

Policy

The SWAHS acknowledges the rights and special needs of youth and endeavours to provide appropriate services, supportive environments and opportunities for young people.

The SWAHS is committed to the following objectives as outlined in *Action: A State Government Plan for Young People, 2000-03*:

- Promoting a positive image of young people.

- Promoting the broad social health, safety and well being of young people.
- Better preparing young people for work and adult life.
- Encouraging employment opportunities for young people.
- Promoting the development of personal and leadership skills.
- Encouraging young people to take on roles and responsibilities, which lead to active adult citizenship.

Programs and initiatives

The SWAHS runs school health programs aimed at general health as well as a school nutrition program. Other programs directed to support youth outcomes are the child and adolescent mental health program, Positive Parenting Program and Young Mums Group Program. Details of three of the programs are listed below.

Investing in Our Youth Program

In addition to regional programs the South West has been instrumental in setting up a community group within the greater Bunbury region with an emphasis upon on providing youth the ability to address and deal with mental health issues.

This program has widespread acceptance from both the community and local shires and we recognise the value of their ongoing support to this program.

This group known as the Greater Bunbury Focus Group became an incorporated body during current financial year.

School Nutrition Program

Apart from ongoing school programs the SWAHS has undertaken with local TAFE to run nutrition programs, through the South West Population Health Unit, facilitating their access to private practitioners to conduct program sessions.

School Health

The Health Service has invested significantly in the school health program throughout the region. The role incorporates immunisation and screening, counselling, support and referral of high-risk students in a case management framework. The role extends to building capacity with education services. Continued emphasis is being placed on alcohol and other drugs in partnership with the South West Population Health Unit.

MAJOR CAPITAL WORKS

The projects outlined below are the capital works approved at the SWAHS level. Projects commenced and completed as part of the system-wide Capital Works Program are included in the Department of Health (Royal Street) Annual Report 2003-04.

Table 3: Major Capital Works Completed

Project Description	Year project began	Actual total cost	Estimated total cost
Organ Imaging Equipment	2004	\$106,385	\$106,385
Bridgetown Hospital Roof	2004	\$67,265	\$250,000
Total		\$173,650	\$356,385

Table 4: Major Capital Works Projects in Progress

Project Description	Expected year of completion	Estimated cost to complete	Estimated total cost
Fire Services Upgrade	2004	\$110,622	\$110,622

WASTE PAPER RECYCLING

The Western Australian government directs all agencies to operate paper recycling programs.

With the appointment of a Records Manager to the South West, this has provided greater clarity as to the need for retention of records. This program whilst in its infancy is reducing the level of print paper usage. The aim being to reduce the level of non-essential utilisation of paper based printing and records.

Non-confidential paper is being recycled into scrap paper pads for use within the SWAHS and or shredded which is distributed to individuals within the community for various purposes such as composting, mulching and worm farms.

In 2003-04 staff were educated to promote a greater awareness of when and why, the need to print, attempting to reduce the level of paper usage.

Introduction of smaller capacity confidential destruction bins to some SWAHS sites for authorised disposal of records was instigated, thus eliminating the need for multi transportation of paper based records and providing greater security over confidential records.

Introduction of the Planet Ark recycled print toner cartridges eliminating their destruction via local tips.

ENERGY SMART GOVERNMENT POLICY

Please refer to the Department of Health (Royal Street) report for this section.

REGIONAL DEVELOPMENT POLICY

Commencing in 2003-04 Government agencies were required to report on their contribution to the State's Strategic Planning Framework "Better Planning: Better Services". The Framework outlines four specific regional development objectives:

- Understanding, partnering and delivering better outcomes for regions.
- Growing a diversified economy.
- Educated, healthy, safe and supportive communities.
- Valuing and protecting the environment.

The Department of Health has developed a number of outcome priorities and strategies, which inform area health service strategic planning and service provision delivery.

Outcome Priorities

- Better health outcomes for residents of regional Western Australia.
- Substantial improvements in health and health conditions of those who are disadvantaged, including indigenous people.
- Demonstrated improvement in access to safe and sustainable regional health services.
- Greater numbers of health professionals resident in rural areas.

Service Strategies

- Implement and action a regional health service system based on strong and effective partnerships between three levels of government, other human service agencies, the non-government sector and private sector.
- Improved access to safe and sustainable primary and secondary treatment and prevention health services in regions, particularly for specialist and general practitioners, community and allied health services, and lifestyle education programs.
- Development of a regional network of health infrastructure that supports delivery of safe and sustainable health services to regional communities.
- Increased access to support services for regional people with mental illness, their carers and families.
- Development and strengthening of whole of government/community partnerships and initiatives aimed at improving the health and health conditions of indigenous people.
- Encouraging the Commonwealth Government and aged care industry to address the shortage of aged care beds.

- Attraction and retention of general practitioners, nurses, specialists and other health professionals to country areas.

Specific achievements and service provision initiatives implemented by the South West Area Health Service to address the Framework's objectives and the Department's outcome priorities and service strategies are:

- The South West Area Health Service has been a key organisation in the establishment of the "South West Community Services Planning Committee". This committee is comprised of Service Managers from those agencies providing human service. Its objectives are to build strategic alliances between agencies and to cooperate in circumstances that adds value to each agencies' services outcomes.

A specific outcome from the Planning Committee will be to develop and implement a "South West Community Services Plan".

- A South West Health Forum is to be held in September 2004. A Community Steering Group has been formed to plan the Forum, which will allow the participants to provide input into the future directions of the SWAHS and provide guidelines outlining the process for continued community participation.

Participation in the Health Forum is currently being finalised in consultation with the Steering Committee and on advice from the Director Citizens and Civic Unit within the Department of Premier and Cabinet. The forum supports the Area Health Service's key concepts of developing partnerships with and encouraging the involvement of the community in health service provision and planning, and in ensuring the community is provided with information that will enable them to understand the causes of ill health and what they can do individually and collectively to address these causal factors.

- The South West Area Health Service has establishment a partnership with the Peel South West Division of General Practitioners and the Commonwealth Department of Health and Aging to implement a "Healthy Communities Project". This project aims to bring people together in participating communities and have them consider important questions about their community's health.

The project will provide assistance in the development of community action plans and facilitate active involvement in the process of planning and creating a healthy and safe community. Six to eight sites will be involved in the project and will initially focus on Nannup, Boyup Brook, Pemberton, Augusta, Collie and Bridgetown.

- A review of health related transport issues across country WA is currently under way. This review has broad rural input and will be completed in December 2004. The review will play an important role in advising the area health service on specific transport issues and ways to improve access to health services.
- A free call telephone service, SW 24 was has been introduced for people in the South West who require immediate support with mental health issues. The service provides a single point of contact for advise, assessment, referral and information about services.

- The SWAHS has established a partnership with the Disability Services Commission to develop an integrated service delivery system for people with a disability who live in the South West.

In 2003-04 the South West Area Health Service commenced introducing evidence based approaches to service quality review and planning. This approach supports the key operational dimensions of equitable access to services, quality and evidence based.

EMPLOYEE PROFILE

The table below shows the annual average of full-time equivalent staff employed by the SWAHS by category and in comparison with 2002-03.

Table 5: Total FTE by Category

CATEGORY	2002-03	2003-04
Nursing Services	524.30	516.9
Administration & Clerical*	205.22	196.2
Medical Support*	120.22	109.1
Hotel Services*	218.03	202.7
Maintenance	22.34	29.7
Medical (salaried)	34.85	39.8
Medical (sessional)	0.00	0.00
TOTAL	1,124.96	1,094.4

* Note: These categories include the following:

- **Administration and Clerical** – Administrative and executive staff, ward clerks, receptionists and clerical staff
- **Medical Support** – physiotherapists, speech pathologists, medical imaging technologists, pharmacists, occupational therapists, dietitians and social workers
- **Hotel Services** – cleaners, caterers and patient service assistants

RECRUITMENT

The SWAHS has been actively restructuring in many areas over the past year following the formation of the South West Area Health Service and the setting of priorities including “Health Communities” framework. Recruitment and selection activity has occurred for many of these positions and this has included redeployment processes where required.

Over the past few months there has been an intense period of recruitment activity in clinical management and nursing positions. The SWAHS has been successful in attracting a large group of acute care nurses from which appointments will be made as they become available over the next six months.

There continues to be difficulty recruiting to some of the allied health areas and for locum positions. The Health Service had several Enrolled Nurses that attained their Registered Nurse qualifications and are being supported through a graduate program.

The Health Service will continue to be able to access graduate nurses from the Edith Cowan University (Bunbury Campus) over the next few years. The number of graduating nurses is expected to increase to 100 during that period.

The benefits of an area wide service have resulted in improved identification and coordination of specialised staff being able to be deployed to areas where an interim need is required. Additional discretionary study leave and assistance has also been offered to retain and retrain staff in hard-to-recruit to areas.

Recruitment of medical staff into emergency medicine, general medicine, surgery and psychiatry remains difficult. The SWAHS relies on the extensive usage of recruitment agencies and overseas trained doctors, which necessitated the SWAHS being approved as an area of unmet need in these specialities.

STAFF DEVELOPMENT

SWAHS recognises the value of staff accessing professional development as a means to enhance employee performance and assisting the organisation to meet its strategic objectives.

Support for professional development:

- Consistent with relevant industrial awards or agreements.
- Consistent with the principles of fairness and equity.
- In accordance with identified training and development priorities.
- Consistence with organisational need.

Staff Development Programs

Staff development programs in 2003-04 covered different areas. Some details of the program are included below.

SWAHS Learning Opportunities and Outcomes Program (LOOP)

This is an integrated performance management and continuous learning system centred on best practice performance management principles.

The program addresses:

- Essential minimum competencies in safe practice.
- Skill gap identification.
- Promotes opportunities for flexible learning.
- Efficient use of resources in training and development.

Validator/Assessor Program

The SWAHS developed and implemented a one day validator/assessor program to provide staff with the knowledge, skills and competence to perform assessment, using SWAHS competency standards.

Basics Program

The SWAHS has developed and implemented an area wide Basics Program, which is a one day workshop to provide practical hands-on skills as a foundation for ongoing workplace based learning.

Topics of the program include:

- An overview of the SWAHS.
- An introduction to the SWAHS Learning Opportunities & Outcomes Program.
- Basic life support skills.
- Manual handling.

Occupational Safety and Health

This program includes:

- Restraint/Aggression Management – support for staff to attend “Train the trainer” programs in five person restraint.
- Training for all clinical staff in the Acute Psychiatric Unit in restraint training, including patient care assistance and security.
- Development and implementation of a Manual Handling program.

Clinical staff development courses

A number of clinical staff development courses were conducted in 2003-04.

An on-site learning opportunities and skills validation program is being supported by the Research & Development Unit with flexible whole of health service programs centred on agreed core competencies.

The Major Medical Incident Management and Support (MIMMS) program provided ongoing support of staff to attend international accredited Commanders and Team course.

The SWAHS further progressed the Revised Graduate Nurse Program.

Computer training

Training for Theatre Information Management Systems (TIMS) was sourced externally.

Professional development

Professional development course activities included:

- Certificate IV Health – An extension of the course accreditation was secured during the year with plans to transfer ongoing management to South Metropolitan Health Service Staff.
- A pilot Manager Induction Program was implemented.

WORKER'S COMPENSATION AND REHABILITATION

The following table shows the number of workers' compensation claims made through the SWAHS.

Table 6: Worker's Compensation and Rehabilitation claims

Employee category	Number of claims
Nursing Services	64
Administration and Clerical	7
Medical Support	23
Hotel Services	16
Maintenance	6
Medical (salaried)	2
Total	118

The above figures are a true record of all reported and documented workers' compensation claims throughout the SWAHS as provided by our insurers Riskcover. There are no hidden or cost absorbed strategies as all compensable injuries are processed as per requirements.

Occupational injury prevention programs and/or measures

A major indicator is manual handling injuries predominantly involving female nursing staff in the 39-55 age bracket. A key strategy in prevention is the coordinated training programs, including manutention, site and patient specific investigation and subsequent education sessions, and equipment evaluation. The manual handling coordinator has implemented an area wide education and training regime for staff.

The Research and Development Unit was established at an area wide level in January 2004. SWAHS Manual Handling Policy and Manual Handling Programmes have since been developed.

Key components include:

- Adoption of principles of Manutention for training programs.
- Addition of Manual Handling trainer (FTE 0.2) with manutention qualifications.
- Development and commencement of training program.
- Plan to identify, train and support a network of "Manual handling Coaches" within every work site by October 2004.

- Increase FTE in June – Manual Handling Coordinator now 0.6 FTE, Manual Handling Trainer now 0.5 FTE.

Employee rehabilitation programs and/or measures

The SWAHS Injury Management policy and specific guidelines endeavour to maximise the outcome and minimise the risk for both the employee and employer. Our objective is a reduction of lost time through injury by applying early intervention strategies that increase the potential of an injured employee's safe return to work.

Induction and orientation training assist in reducing risks associated with new and existing employees in providing a safer environment that allows a more responsible proactive approach to injury prevention. Mandatory training throughout the SWAHS is also a preventative measure towards ensuring a safe as possible working environment. Staff awareness and reporting of identified hazards in the workplace and their early rectification, contribute to minimising the possibility of staff injury.

On site inspections and task specific training has also been an effective strategy in the early intervention of identified risk to employees. These inspections, training and subsequent recommendations have been provided by qualified employees within the SWAHS or by an external provider.

Early rehabilitation intervention, and support for injured workers continue to prove valuable in effective return-to-work programs. A combination of in house and externally provided programs specific to each worker has been used effectively depending on the nature and severity of the injury. Injury management systems, policies and procedures were implemented at an Area wide level. All injured employees are contacted within 48 hours of injury and returned to work within a four week timeframe where possible in line with industry best practice.

Specialised roles have been introduced at an Area wide level to facilitate successful rehabilitation of injured employees (Manager Workforce Risk, Coordinator Injury Management and a Manual Handling Coordinator). External rehabilitation providers are utilised for speciality cases requiring intensive interventions.

INDUSTRIAL RELATIONS

In 2003-04, SWAHS underwent significant changes in terms of restructuring the services provided. Consequently these changes had flow on effects for all departments and staff.

Prior to the changes being made, extensive consultation occurred with Unions to facilitate the changes and as a result Consultative Committees across all areas were developed.

The committees consist of Union, Employee and Management representatives to ensure full consultation is adhered to in accordance with industrial provisions. The committees will continue to meet until all local issues concerning the proposed changes have reached resolution.

Corporate staff have also been made aware of State government services currently under review to provide a statewide shared service system.

A Risk Management Policy incorporating a Risk Assessment Code was introduced at a local level. The policy and code includes significant sections on Staff Risks, in particular risks that would involve complete loss of services or prolonged suspension of work due to industrial activity/disputes.

At the highest levels of risk, CEO notification is required immediately to enable priority action to be taken. All internal risks are reported through to an Issue Resolution Officer to ensure Area wide notification and resolution.

EQUITY AND DIVERSITY

Policy

The ability of an organisation to provide high quality health services to the general public is closely related to workforce diversity. That diversity needs to be tapped for planning, decision-making and service delivery.

The SWAHS aims to achieve equity and diversity in the workplace by eliminating any discrimination in employment based upon grounds of sex, marital status, pregnancy, family status, race, religion or political conviction, or age, and by promoting equal opportunity for all people.

Programs and initiatives

The SWAHS aims to promote equal opportunity for all persons, according to the Equal Opportunity Act 1984. This goal is achieved through activities and programs run on behalf of the outcomes outlined below.

OUTCOME 1

The organisation values EEO and diversity and the work environment is free from racial and sexual harassment.

- The SWAHS EEO Management Plan and associated Equality and Diversity policies are currently under review.
- All SWAHS employees are aware of and have access to Health Service-specific EEO policies as well as Codes of Ethics and Conduct, which serve to underpin principles of valuing equity and diversity.

OUTCOME 2

Workplaces are free from employment practices that are biased or discriminate unlawfully against employees or potential employees.

- EEO documentation is included in orientation kits for all new SWAHS employees. On appointment all employees receive appropriate resource material for signing and returning and receipt of EEO brochures is documented. The majority of new employees attended formal EEO training sessions in 2003-04.

- The Manager Workforce Risk, SWAHS has been delegated the roles of EEO Contact Officer for all employees.
- All SWAHS employees, including potential employees, are aware of issue resolution procedures and Public Sector Standards in Human Resource Management concerning bias and discrimination in employment practices. This is achieved through receipt of appropriate resource material for signing, returning and filing.
- No breaches of the Equal Opportunity Act occurred within the organisation for 2003-04.

OUTCOME 3

Employment programs and practices recognise and include strategies for EEO groups to achieve workforce diversity.

- All SWAHS management and supervisory position Job Description Forms specify EEO responsibilities as essential selection criteria. All other positions specify EEO knowledge and awareness in the desirable criteria.
- EEO employee data is stored electronically and updated on a monthly basis.
- Management monitors data trends to ensure the diversity of the workforce is catered for. Data is reported to the Equal Opportunity Commission annually.

Governance – Reports on other Accountable Issues

EEO Indicators

The following table indicates strategic plans or processes the Department of Health aims to have in place across the health system to achieve equity and diversity in the workplace and the level to which the SWAHS has been able to meet these goals.

Table 7: Equity and Diversity

Plan or Process	Level of Achievement
EEO Management Plan	Under development.
Organisational plans reflect EEO	Organisational Service Level Agreements reflect key performance indicator requirements for EEO.
Policies and procedures encompass EEO requirements	All current policies encompass EEO requirements. Specific policies have been developed concerning non-tolerance of bullying, harassment and discrimination in the workplace.
Established EEO contact officers	Under development.
Training and staff awareness programs	Implemented through orientation program for all new employees. Reorientation of existing staff under review. Performance developments programs address deficiencies through external training.
Diversity	Policies and programs under review.

EVALUATIONS

SWAHS joined the Evaluation and Quality Improvement Program (EQulP) accreditation under the standards of the Australian Council for Health Care Standards in November 2004.

A self-assessment was completed in November 2003 and enabled SWAHS to identify gaps against the EQulP standards and put action plans in place for improvement.

The incorporation of the South West Area Health Service Risk Assessment Code (RAC) during self assessment has enabled the organisation to

prioritise activities and actions based on consistent risk assessment. Action plans with risk ratings have been established and are being reviewed quarterly to monitor and report progress to Executive Management Group and staff.

Each service level agreement holder in SWAHS has an action plan and clearly articulates responsibility for complying with minimum standards.

Monthly reports to the CEO include the review of performance measures embodied in the service level agreements which ensures comprehensive evaluation of services provided within SWAHS.

Table 8: Evaluations

Title	Purpose of evaluation	Main Outcomes	Action taken or Proposed
Quality Indicator Program	To establish a routine reporting system for quality indicators for SWAHS	Systems for data analysis and reporting reviewed for ability to sustain routine reports within an automated system.	As individual SLA holders consolidate service delivery and performance measures are developed the quality indicator reports will increase.
Evaluation and Quality Improvement Program	External review of services against nationally recognised standards for healthcare in Australia.	SLA holders utilising common framework to improve performance through established action plans that are monitored quarterly.	SWAHS is scheduled to go through organisation wide survey by external experts as one whole organisation in November 2004.

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FREEDOM OF INFORMATION

The South West Area Health Service received and dealt with the following applications under the Freedom of Information guidelines during 2003-04.

Table 9: Freedom of Information

Applications	No.
Total received 2003-04	183
Carried over from 2002-03	1
Granted - full access	76
Granted - partial or edited access ¹	102
Withdrawn by applicant	Nil
Refused	5
Other ²	Nil

1. Includes the number accessed in accordance with section S28 of the Act.
2. Includes exemptions, deferrals or transfers to other departments/agencies.

Types of documents held by the SWAHS

The types of documents held by the SWAHS include:

- medical records/client files;
- corporate and financial records;
- human resource and industrial relations files; and
- policies and procedures.

How to obtain information

The public can access documents by making an application in accordance with the *Freedom of Information Act 1992*. An application form is available to those who do not feel comfortable applying in writing. Patients can access their own medical record in accordance with SWAHS policy or in accordance with the Freedom of Information Act.

Process for obtaining information:

- Applications may be lodged with Executive Services, SWAHS.
- Applications are processed in accordance with the requirements of the Freedom of Information Act.
- Application forms, letters and brochures detailing the application, internal review and external review processes are available.

Applications and initial inquiries can be lodged with:

Freedom of Information Coordinator
South West Area Health Service
PO Box 5301
BUNBURY WA 6230
☎ (08) 97221511

RECORD KEEPING

Standard 2, Principle 6 of *State Records Principles and Standards 2002* requires that the South West Area Health Service include within its annual report an appropriate section that addresses the minimum compliance requirements of its Record Keeping Plan. These are:

- The efficiency and effectiveness of the SWAHS record keeping systems is evaluated not less than once every five years.
- The SWAHS conducts a record keeping training program.
- The efficiency and effectiveness of the record keeping training program is reviewed from time to time.
- The SWAHS induction program addresses employee roles and responsibilities in regard to their compliance with the department's record keeping plan.

The SWAHS will be implementing the following activities to ensure that all staff are aware of their record keeping responsibilities and compliance with the Record Keeping Plan:

- Training on various aspects of the SWAHS record keeping plan will be delivered to all staff.
- Record keeping system users will be made aware of their State Records Act responsibilities.
- New employees will be provided with information to ensure they are aware of their role and responsibilities in terms of record keeping.
- Performance indicators will be developed to measure the efficiency and effectiveness of the SWAHS record keeping systems.
- Reviews of the South West Area Health Service's record keeping systems will be addressed progressively by 2010.

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PUBLIC INTEREST DISCLOSURES

Appointments

Due to the size and complexity of the Department of Health, a number of Public Interest Disclosure (PID) Officers have been appointed to enable appropriate and easy reporting access for all staff.

To date the following PID officers have been registered with the Office of the Commissioner for Public Sector Standards:

- Wheatbelt Health Region, Mr Mark Hazelgrave.
- North Metropolitan Health Region, Mr Jon Frame.
- South Metropolitan Health Region, Ms Tracey Bennett and Ms Diane Barr.
- Women and Children's Health Service, Ms Claire Goodson.
- Department of Health, Royal Street, Mr Les Marrable.

To streamline the communication between the Department and the Office of the Commissioner for Public Sector Standards on matters that fall within the jurisdiction of the *Public Interest Disclosure Act 2003*, the Department has appointed Mr Les Marrable, Manager Accountability, 189 Royal Street, East Perth as a Principal PID officer.

Procedures

The Department of Health has advised and will continually update staff on processes and reporting procedures associated with the *Public Interest Disclosure Act 2003* through global e-mails, staff seminars and staff induction presentations.

Progress has been made in publishing the Department's internal procedures on the intranet and full access is planned for July 2004.

The Department of Health's procedures are compliant with the Public Sector Standards Commission guidelines.

Protection

The Department of Health has ensured all PID officers are fully aware of their obligations to strict confidentiality in all issues related to public interest disclosure matters.

Files and investigation notes are maintained in locked and secure cabinets at all times with strict access to authorised personnel only.

All efforts are made to ensure maximum confidentiality is maintained in all investigations and follow up action.

Any staff member who attempts to take reprisal action or victimise another officer who has made, or intends to make, a disclosure of public information will be subject to legal action under the *Public Interest Disclosure Act 2003*.

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ADVERTISING AND SPONSORSHIP

In accordance with Section 175ZE of the *Electoral Act 1907*, the Commission incurred the following expenditure in advertising, market research, polling, direct mail and media advertising:

Total expenditure for 2003-04 was \$64,566.

Table 10: Advertising and Sponsorship - Expenditure by Category

Expenditure Category	Person, Agency or Organisation Name	Amount	Total
Advertising Agencies	Marketforce	\$29,408	\$50,146
	Wavelength	\$5,480	
	Seabreeze Communication	\$1,122	
	International Medical Recruitment	\$11,007	
	College of Emergency Medicine	\$1,041	
	Sensis P/L	\$2,088	
Market Research Organisations	Nil	Nil	Nil
Polling Organisations	Nil	Nil	Nil
Direct Mail Organisations	Nil	Nil	Nil
Media Advertising Organisations	Rural Press Regional Media	\$3,081	\$14,420
	South West Printing & Publishing	\$6,510	
	Radio West Broadcasting	\$4,620	
	Boypup Gazette	\$109	
	Harvey Community Radio	\$100	

PUBLIC RELATIONS AND MARKETING

Activities

Health committees and consultation groups were established within the 16 South West communities as a collaborative approach to address social health issues in the communities.

A number of health forums were held throughout 2003-04 involving community members, stakeholders including local government and external agencies.

Participation is being maintained in external forums such as health and awareness promotional days and agricultural shows as a means of promoting health and raising the profile of hospitals, community health and related services within the region. This is assisted through the print media and by radio with the appearance of regular time slots on air and a weekly/monthly article appearing in local community newspapers.

During 2003-04 a number of community surveys were undertaken. In conjunction with outcomes derived from other collaborative mechanisms they will assist in determining future directions based upon community needs.

Dissemination of information

Information was disseminated by the following means:

- Use of local press and radio to inform the community on health issues and new service developments.
- Health promotion activities at local agricultural shows and health and promotional days.
- Health promotion pamphlets produced by community health and South West Population Health for distribution throughout the community.
- *Be Active* competitions and programs encouraging the community to take part in regular exercise.
- Community consultation workshops involving key local stakeholders, local government representatives and representatives of the Aboriginal communities.
- Health Service Managers and Health Professionals engaging local key community identities/groups in discussions on health and related need issues of local communities.

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PUBLICATIONS

The SWAHS produced many internal and external publications during 2003-04 to provide the general public with information on health initiatives, facilities and other relevant areas of service delivery. These publications took the form of pamphlets, brochures, posters, newsletters and booklets, and included the following:

- The SWAHS staff newsletter, which is emailed to all staff and available at each facility in hard copy.
- Patient information brochures, and brochures on patient's rights and responsibilities are available at each hospital and primary care unit.
- Brochures on specific conditions and treatments are available from hospital and primary care unit.
- The SWAHS Annual Report 2002-03, is available on the Department of Health website, www.health.wa.gov.au.
- A journal published article by Daman Wallace under the heading Australian Flexible Learning Framework titled 'Flexible Learning Leaders 2003 Final Draft'.

RESEARCH AND DEVELOPMENT

The development of an area wide Research and Development function for SWAHS has resulted in the development and implementation of programs on continuous basis.

This has enabled the implementation of the SWAHS Learning Opportunities and Outcomes Program (LOOP). It is an integrated performance management and continuous learning system centred on best practice performance management principles.

On site learning opportunities and skills validation programs is being supported by the Research & Development Unit with flexible whole of health service programs centred on agreed core competencies.

These programs include:

- Basic life support/advanced life support.
- Internal and external emergency management.
- Epidural/pain management.
- Neonatal resuscitation.
- Medication.
- Ventilation.
- Triage.
- Restrain/aggression management.
- Manual handling.

During 2003-04 there has also been the implementation of a pilot orientation program.

INTERNAL AUDIT CONTROLS

Internal Audit has the role of accountability adviser and independent appraiser, reporting directly to the Director General of Health. Audits conducted were generally planned audits, however on occasion, management initiated audits or special audits were also conducted. The reviews were predominantly compliance based, however a number of operational (performance-based) reviews were conducted. Under the direction of the Director, Corporate Governance, external consultants have conducted a number of audits. All audits conducted aim to assist senior management in achieving sound managerial control.

Specific internal audits conducted over the period include:

Compliance Audits

- Hospitality, alcohol and entertainment expenditure.
- Use of mobile phones.
- Subscriptions, memberships and professional development.
- Financial returns.
- Asset management.
- Purchasing practices – Population Health Division.
- EMHS (Bentley Health Service) Hospital Ladies Auxiliary.

FAAA Health Checks

- EMHS.
- SMHS.
- NMHS.
- Population Health Division.

Payroll Audits

- Department of Health (Royal Street Divisions).
- Fremantle Hospital Health Service.
- NorPay.
- Drug and Alcohol Office.
- EMHS (Bentley Health Service).
- NMHS (Graylands, Osborne Park and Sir Charles Gairdner Hospital).
- WCHS.

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Country Audits

- Goldfields and South East Coastal Health Region.
- Kimberley Health Region.
- South West Health Region.
- Great Southern Health Region.
- Pilbara Gascoyne Health Region.
- Financial Statement Close Process/Annual Report Preparation Plan.
- VMP payments.

FAAA Health Checks

- Wheatbelt.
- Goldfields.
- South West.

Operational Audits

- Call Centre (Poisons Information Centre, Health Direct and Drug & Alcohol Information Centre).
- Workers Compensation & Injury Management: Bunbury Health Service.
- Employee support strategies.
- Highly specialised drugs: WCHS.

Information Systems Audits

- EMHS: Ultra Accounts Receivable Module.
- Population Health: Physical Security.
- Telehealth report.

IT Controls.

- NMHS (Osborne Park Hospital, Graylands Selby Lemnos and Special Care Health Service).
- SMHS (Armadale Health Service).
- RPH Payroll.

Information Systems Reviews

- SMHS (Rockingham/Kwinana Health Service).
- Midwest Murchison Health Region.
- Wheatbelt Health Region.

Special/Management Initiated Audits

- Family Planning Association (Phoenix).
- PSOLIS project.
- Planning Models.

PRICING POLICY

The majority of the Department of Health's services are provided free of charge. Some classes of patients are charged fees, for example patients who have elected to be treated as private patients and compensable patients (i.e. patients for whom a third party is covering the costs, such as patients covered by workers' compensation or third party motor vehicle insurance). Where fees are charged, the prices are based on legislation or government policy, or on a cost recovery basis.

The Department's Funding and Reporting Directorate sets a schedule of fees each year to cover patients for whom fees apply. These fees are incorporated into the *Hospital (Service Charges) Regulations 1984* and the *Hospital (Service Charges for Compensable Patients) Determination 2002*.

RISK MANAGEMENT

SWAHS Risk Management policy has been approved by the Executive Management Committee and complies with Treasurers Instruction 825 and Australian/New Zealand Standard 4360:1999.

The accompanying Risk Assessment Code (RAC) is also now in use by all areas of SWAHS.

Work is continuing to evaluate the Riskcover 'Riskbase' risk register program for use by SWAHS in drawing together the three risk streams of Clinical Risk, Staff Risk and Business Risk.

The SWAHS Risk Working Party meets regularly to review all aspects of risk management and quality in line with the groups established 'Terms of Reference'.

Clinical and staff risks are effectively managed through dedicated systems and business risk is monitored through the internal/external audit process and insurance programs. Other minor areas of risk are identified through the 'Issues Management Program'.